CHAPTER 61

INDEPENDENT CLINICAL LABORATORIES

Division of Medical Assistance and Health Services
INDEPENDENT CLINICAL LABORATORIES SERVICES MANUAL
N.J.A.C. 10:61
July 3, 2006

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SUBCHAPTER 1. GENERAL PROVISIONS

10:61-1.1 Purpose and scope
This chapter outlines the policies and procedures for coverage of clinical laboratory services that must be met in order to qualify for reimbursement under the Medicaid/NJ FamilyCare fee-for-service programs. The services of a qualified clinical laboratory for which reimbursement may be made relate only to diagnostic tests performed in a laboratory which is independent of a physician's office, a participating hospital, or other facility. Rules for laboratory services provided by other types of providers are included in the Medicaid/NJ FamilyCare rules for those particular providers. Diagnostic laboratory tests, for purposes of this chapter, do not include diagnostic radiological studies.

10:61-1.2 Definitions
The following words and terms, when used in this chapter, shall have the following meanings, unless the context clearly indicates otherwise:

"Automated multichannel tests" means laboratory tests which can be and are frequently performed as groups and combinations (profiles) on automated multichannel equipment.

"CLIA" means the Clinical Laboratory Improvement Amendments of 1988, which extends the scope of Federal governmental regulation of laboratories to all laboratory sites where laboratory tests are performed, including physicians' offices. The purpose of this legislation is to uniformly ensure the quality and reliability of medical tests performed by all laboratories that test human specimens.

"CLIA Identification Number" means a 10 digit identification number issued by the Centers for Medicare & Medicaid Services (CMS) to independent clinical laboratories and other entities which perform laboratory testing. A CLIA Identification Number must be on file with the New Jersey Medicaid/NJ FamilyCare program before payment is made for any laboratory testing.

"Clinical laboratory services" means professional and technical laboratory services provided by an independent clinical laboratory when ordered by a physician or other licensed practitioner of the healing arts within the scope of his or her practice as defined by the laws of the state in which he or she practices.

"Panel" means laboratory tests that are associated with organ or disease oriented areas, such as organ "panels" (for example, hepatic function panel). The tests listed with each panel identify the defined components of that panel.

"Profile" means a combination of laboratory tests that can be and are frequently done as groups and in combinations on automated multi-channel equipment (for example, SMA6, SMA).

"Reference laboratory" means a laboratory meeting the requirements stipulated in N.J.A.C. 10:61-1.4 which performs specific tests at the request of another approved certified laboratory.

"Service laboratory" means a laboratory meeting the requirements stipulated in N.J.A.C. 10:61-1.4 which performs specific tests on the laboratory's own premises.

10:61-1.3 Scope of services
Each laboratory shall provide the New Jersey Health Services Program, Office of Utilization Management, Mail Code #33, PO Box 712, Trenton, New Jersey 08625-0712, with a listing of tests, including panels and profiles actually performed on its premises (address to be identified) and a current lab price list, including discounts, with an update of said list on a semiannual basis; beginning with the first listing due six months from the date of the last report filed by providers enrolled as of January 17, 2006.

10:61-1.4 Requirements for provider participation; general
(a) To qualify for participation as a clinical laboratory under the Medicaid/NJ FamilyCare program, the following requirements must be met:

1. Licensure and/or approval by the New Jersey State Department of Health or comparable agency in the state in which the facility is located. This includes meeting certificate of need and licensure requirements, when required, and all applicable laboratory provisions of the New Jersey State Sanitary Code (see N.J.A.C. 8:45);

2. Enrollment as an independent laboratory under the Title XVIII Medicare program (see 42 CFR 493.1);

3. Meet the requirements of an independent clinical laboratory under the Clinical Laboratory Improvement Amendments of 1988 (CLIA) (see 42 USC 1396(a)(9)). (See N.J.A.C. 10:61-2.1(a)5.)

(b) In order to participate in the Medicaid/NJ FamilyCare program as an independent laboratory provider, the following documents shall be submitted to Unisys Corporation, Provider Enrollment, PO Box 4804, Trenton, N.J. 08650-4804:

1. Form FD-20, Medicaid Provider Application Form;

2. Form FD-62, Medicaid Provider Agreement;

3. A copy of CMS 1513, Disclosure of Ownership, Control and Interest Statement;

4. A copy of the Medicare certification; and

5. A copy of the documents to certify the lab meets the CLIA requirements.

(c) The provider will be notified by Unisys as to whether their application for participation was approved or disapproved by the Medicaid/NJ FamilyCare Program.

10:61-1.5 Medicare-Medicaid relationship
(a) Upon approval as an independent laboratory provider for Title XIX Medicaid participation and reimbursement, the requirements for independent laboratory services under the Title XVIII Medicare program shall be followed.

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(b) A laboratory approved for Medicaid/NJ FamilyCare participation shall only provide services and be reimbursed for the specialties and subspecialties specifically approved for Medicare participation.

(c) State, county and municipal laboratories located in New Jersey may qualify for Medicaid/NJ FamilyCare reimbursement provided they meet the criteria in N.J.A.C. 10:61-1.4 and 1.5.

(d) Any entity that performs diagnostic tests in connection with its provider practice shall comply with this chapter and shall have a CLIA Identification Number to perform clinical laboratory testing reimbursable by the Medicaid/NJ FamilyCare program. A CLIA Identification Number must be on file with the Medicaid/NJ FamilyCare program before payment is made for any laboratory testing.

10:61-1.6 Recordkeeping

(a) All requests for clinical laboratory services shall require an explicit order personally signed by the physician or other licensed practitioner requesting the services. The written order shall contain the specific test requested, and shall be on file with the billing laboratory and available for review by Medicaid/NJ FamilyCare representatives, along with the results of the tests billed.

(b) The written order shall contain the specific clinical laboratory test(s) requested and shall be supported by documentation in the referring physician's/practitioner's medical records.

(c) Standing orders shall be:

1. Patient specific, and not blanket requests from the physician or licensed practitioner;

2. Medically necessary and related to the diagnosis of the recipient; and

3. Effective for no longer than a 12 month period from the date of the physician's/practitioner's signature.

(d) Telephone laboratory orders shall be followed up with a written request and shall be on file with the clinical laboratory.

(e) The results of the tests billed shall be on file with the billing laboratory performing tests. The results shall be available for review by Medicaid/NJ FamilyCare representatives.

(f) The Medicaid/NJ FamilyCare program shall have the right to inspect all records, files and documents of in-State and out-of-State service and reference clinical laboratories which provide laboratory tests and services for Medicaid/NJ FamilyCare beneficiaries.

10:61-1.7 Basis of reimbursement

Reimbursement shall be on the basis of the lowest professional charge, not to exceed an allowance determined reasonable by the Commissioner of Human Services, and further limited by Federal policy relative to payment of clinical laboratory services. The maximum fee schedule (allowance) is set forth at N.J.A.C. 10:61-3. In no event shall the charge to

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the Medicaid/NJ FamilyCare program exceed the provider's charge for identical services to other groups or individuals.

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SUBCHAPTER 2. PROVISION OF SERVICE

10:61-2.1. Clinical Laboratory Improvement Amendments (CLIA) requirements
(a) All independent clinical laboratories and other entities providing clinical laboratory services to Medicaid/NJ FamilyCare beneficiaries must meet the requirements of the Clinical Laboratory Improvement Amendments (CLIA) of 1988. These requirements include that the provider must have one of the following:
1. A certificate of waiver;
2. A certificate of compliance;
3. A registration certificate;
4. A certificate for provider-performed microscopy (PPM) procedures;
5. A certificate of accreditation, and a registration certificate or a certificate of compliance; or
6. Be deemed CLIA exempt due to accreditation by a private, nonprofit accreditation organization or exempted under an approved state laboratory program. (See code of Federal Regulations 42 CFR 493)

10:61-2.2 Specific services
(a) The sum of any number of the components of a battery of tests shall not exceed the total charged for the group offering (panel or profile), whether done by automation or bench testing, whether or not the equipment is available in the facility. A battery of tests is considered to be those components of a panel or series of tests which, when combined, mathematically or otherwise, comprise a finished identifiable laboratory study or studies. Examples are:
1. The components of a metabolic profile or other automated laboratory study;
2. An MCH, MCV, or other test, as a component of a C.B.C.;
3. Inclusive of all ova and parasites in a stool examination.
(b) If the components of a profile or panel are billed separately, total reimbursement for the components of the panel or profile shall not exceed the Medicaid/NJ FamilyCare fee allowance for the panel or profile itself.
(c) In no instance shall reimbursement exceed the Medicare Fee Schedule.
(d) Where tests are referred by an approved service laboratory to an approved reference laboratory, the approved reference laboratory shall be a Medicaid/NJ FamilyCare provider and shall directly bill the Medicaid/NJ FamilyCare program for the service.
1. The initiating laboratory shall only refer clinical laboratory tests to laboratories which have a valid CLIA Identification Number and are Medicaid/NJ FamilyCare approved providers.
(e) The policy on reimbursement for visits to the nursing home, residential health care facility, or to the beneficiary's home by an independent lab for the purposes of obtaining blood by venous or arterial puncture is as follows:

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1. Utilize HCPCS code W8900 for visits to homebound beneficiaries in their own home or living in a residential health care facility, group home, or boarding home. This code may be used only once per trip regardless of the number of patients seen and requires a distance in excess of 20 miles per round trip.

2. Utilize HCPCS code 36415 for a visit to a beneficiary in a nursing facility, or Intermediate Care Facility/Mental Retardation (ICF/MR).

3. Reimbursement will not be made for travel to other sites including, but not limited to, hospitals, physician offices, or clinics.

10:61-2.3 Limitations on laboratory services

(a) Tests performed by a non-approved laboratory are not reimbursable. The referring laboratory shall verify approved status.

(b) Additional payment will not be made to a laboratory for obtaining specimens, except when performed in a long-term care facility, boarding home, or home.

(c) A laboratory shall be reimbursed only those tests that are within the specialty/subspecialty categories indicated in its CLIA approval.

(d) Laboratory services provided primarily for the diagnosis or treatment of infertility shall not be covered by the Medicaid/NJ FamilyCare program.

1. For those HCPCS procedure codes which are determined to be primarily for the diagnosis of infertility, refer to the HCPCS subchapter and the Indicator "F."

10:61-2.4 Laboratory rebates

(a) Rebates by reference laboratories, service laboratories, physicians or other utilizers or providers of laboratory service are prohibited under the Medicaid/NJ FamilyCare program. Rebates shall include refunds, discounts or kickbacks, whether in the form of money, supplies, equipment, or other things of value. Laboratories shall not rent space or provide personnel or other considerations to a physician or other practitioner, whether or not a rebate is involved.

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SUBCHAPTER 3. HEALTHCARE COMMON PROCEDURE CODING SYSTEM (HCPCS)

10:61-3.1 Purpose, scope and general provisions

(a) The Medicaid/NJ FamilyCare program uses the Centers for Medicare & Medicaid Services (CMS) Healthcare Common Procedure Coding System (HCPCS), for 2006, established and maintained by CMS in accordance with the Health Insurance Portability and Accountability Act, of 1996, 42 U.S.C. §§ 1320d et seq., and the American Medical Association (AMA) Current Procedural Terminology (CPT) codes published by PMIC, 4727 Wilshire Blvd., Suite 300, Los Angeles, CA 90010. The HCPCS and CPT codes are incorporated herein by reference, as amended and supplemented. AMA and CMS revisions to the CPT codes and the Healthcare Common Procedure Coding System (code additions, code deletions and replacement codes) will be reflected in this chapter through publication of a notice of administrative change in the New Jersey Register. Revisions to existing and new reimbursement amounts codes specified by the Department and specification of new reimbursement amounts for new codes will be made through rulemaking in accordance with the Administrative Procedure Act, N.J.S.A. 52:14B-1 et seq. HCPCS follows the American Medical Association's Physicians' Current Procedural Terminology (CPT) (American Medical Association, P.O. Box 10950, Chicago, IL 60610.) architecture, employing a five-position code and as many as two two-position modifiers. Unlike the CPT numeric design, the CMS-assigned codes and modifiers contain alphabetic characters.

(b) HCPCS has been developed as a three-level coding system. The CPT procedure narratives for Level I codes are incorporated herein by reference.

> 1. Level I codes: (Narratives found in CPT). CPT is a listing of descriptive terms and numeric identifying codes and modifiers for reporting medical services and procedures performed by physicians. (See N.J.A.C. 10:61-3.2.)
>
> 2. Level II codes are assigned by CMS for physician and non-physician services which are not in CPT. (See N.J.A.C. 10:61-3.3.)
>
> 3. Level III codes identify services unique to the Medicaid/NJ FamilyCare program. These codes are assigned by the Division to be used for those services not identified by CPT codes or CMS-assigned codes. (See N.J.A.C. 10:61-3.4.)

(c) The lists of HCPCS code numbers for Pathology and Laboratory are arranged in tabular form with specific information for a code identified under columns with titles such as: "IND," "HCPCS CODE," "MOD," "DESCRIPTION," and "MAXIMUM FEE ALLOWANCE." The information identified under each column is summarized below:

Title Column	Description
IND	(Indicator-Qualifier) Lists alphabetic symbols used to refer provider to information concerning the Medicaid/NJ FamilyCare program's qualifications and requirements when a procedure or service code is used.

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Explanation of indicators and qualifiers used in this column are identified below:

"A" preceding any procedure code indicates that these tests can be and are frequently done as groups and combinations (profiles) on automated equipment.

"F" preceding any procedure code indicates that this code, when used primarily for the diagnosis and treatment of infertility, is not covered by the Medicaid/NJ FamilyCare program.

"L" preceding any procedure code indicates that the complete narrative for the code is located at N.J.A.C. 10:61-3.3 or 3.4.

"N" preceding any procedure code indicates that qualifiers are applicable to that code. These qualifiers are listed by procedure code number at N.J.A.C. 10:61-3.5.

HCPCS CODE	Lists the HCPCS procedure code numbers.
MOD	Lists alphabetic and numeric symbols. Services and procedures may be modified under certain circumstances. When applicable, the modifying circumstance should be identified by the addition of alphabetic and/or numeric characters at the end of the code. Medicaid/NJ FamilyCare program's recognized modifier codes are listed below:
Modifier Code	Description
22	Unusual Procedural Services: When the service(s) provided is greater than that usually required for the listed procedure, it may be identified by adding modifier '22' to the usual procedure number. A report may also be appropriate.
26	Professional Component: Certain procedures are a combination of a physician component and a technical component. When the physician component is reported separately, the service may be identified by adding the modifier '26' to the usual procedure number.
52	Reduced Services: Under certain circumstances a service or procedure is partially reduced or eliminated at the physician's or ordering practitioner's election. Under these circumstances the service provided can be identified by its usual procedure number and the addition of the modifier '52,' signifying that the service is reduced. This provides a means of reporting reduced services without disturbing the identification of the basic service.
FP	Family planning
QW	CLIA waived test
TC	Technical Component: When applicable, a charge may be made for the component alone. Under those circumstances the technical component charge is identified by adding the modifier 'TC' to the

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	usual procedure.
UD	Abortion Related Service
DESCRIPTION	Lists the code narrative. (Narratives for Level I codes are found in CPT. Narratives for Level II and Level III codes are found at N.J.A.C. 10:61-3.3 and 3.4, respectively.)
MAXIMUM FEE ALLOWANCE	Lists Medicaid/NJ FamilyCare program's maximum reimbursement schedule for Pathology and Laboratory services. If the symbols "B.R." (By Report) are listed instead of a dollar amount, it means that additional information will be required in order to properly evaluate the service. Attach a copy of the additional information report to the claim form. If the symbols "N.A." (Not Applicable) are listed instead of a dollar amount, it means that service is not reimbursable.

   1. The fee listed under "Total Fee(s)" represents the combined technical and professional component of the reimbursement for the procedure code notwithstanding any statement to the contrary in the narrative. It will be paid only to one provider and will not be broken down into its component parts.

(d) When alphabetic and numeric symbols are listed under the "IND" and"MOD" columns they are qualifiers or indicators (in the "IND" column) and as modifiers (in the "MOD" column). The symbols assist the provider in determining the appropriate procedure codes to be used, the area to be covered, the minimum requirements needed, and any additional parameters required for reimbursement purposes.

   1. These symbols and/or letters must not be ignored because in certain instances requirements are created in addition to the narrative which accompanies the CPT/HCPCS procedure code as written in CPT. The provider will then be liable for the additional requirements and not just the CPT/HCPCS procedure code narrative. These requirements must be fulfilled in order to receive reimbursement.

   2. If there is no identifying symbol listed, the CPT/HCPCS code narrative prevails.

10:61-3.2 HCPCS procedure codes and maximum fee allowance schedule for Level 1

IND	HCPCS Code	MOD	Maximum Fee Allowance $
N	0023T		80.00
N	36415		1.80
N	36415	UD	1.80
	36516		49.00
	36516	26	42.00

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	78006		40.00
	78006	26	17.50
	78006	TC	22.50
N	80048		9.30
N	80050		36.00
N	80051		5.90
N	80051	UD	5.90
N	80053		10.50
N	80055		15.00
N	80055	UD	15.00
N	80061		15.00
N	80061	QW	15.00
	80061	22	23.00
N	80069		9.60
N	80074		30.00
N	80076		7.00
	80100		5.20
	80100	UD	5.20
	80100	QW	5.20
	80101		5.20
	80102		15.00
	80150		15.00
	80152		15.00
	80154		21.50
	80156		20.00
	80157		10.00
	80158		20.00
	80160		15.00
	80162		15.00
	80164		10.00
	80166		15.00
	80168		18.00
	80170		12.60
	80172		1.80
	80173		16.10
	80174		15.00
	80176		18.00
	80178		9.00
	80182		12.00
	80184		12.80
	80185		14.65

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80186		19.00	
80188		20.00	
80190		15.00	
80192		15.00	
80194		15.00	
80196		7.00	
80197		15.00	
80198		15.00	
80200		12.60	
80201		12.00	
80202		12.00	
80299		10.80	
80400		34.00	
80402		96.00	
80406		98.00	
80408		130.00	
80410		102.00	
80412		364.36	
80414		61.00	
80415		50.00	
80416		150.00	Per Panel
80417		50.00	Per Panel
80418		640.73	
80420		74.00	
80422		45.00	
80424		33.00	
80426		130.00	
80428		60.00	
80430		73.00	
80432		125.00	
80434		100.00	
80435		95.00	
80436		75.00	
80438		50.00	
80439		74.27	
80440		60.00	
80500		9.00	
80502		13.00	
81000		1.20	
81000	FP	1.20	
81000	UD	1.20	

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	81001	1.20
	81002	1.00
	81002 YD	1.00
	81002 FP	1.00
	81002 UD	1.00
	81003	1.50
	81003 QW	1.50
	81005	1.00
	81007	2.84
	81007 QW	2.84
	81015	.40
	81020	4.30
	81025	3.00
	81025 FP	3.00
	81025 UD	3.00
	81050	3.40
	81099	B.R.
	82000	15.00
	82003	26.00
	82009	5.00
	82010	9.90
	82010 QW	9.90
	82013	14.00
	82016	12.90
	82017	18.60
	82024	30.00
	82030	34.00
A N	82040	1.80
	82042	2.43
	82043	4.30
	82044	1.00
	82044 QW	1.00
	82045	38.00
	82055	4.50
	82055 QW	4.50
	82075	8.80
	82085	11.00
	82088	40.00
	82101	16.30
	82103	7.80
	82104	7.80

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	82105		10.20
	82106		10.20
	82108		28.17
	82120		4.00
	82120	QW	4.00
	82127		12.90
	82128		12.90
	82131		18.64
	82135		20.00
	82136		18.64
	82139		18.64
	82140		6.00
	82143		4.20
	82145		12.00
A N	82150		4.50
	82154		31.88
	82157		29.00
	82160		27.65
	82163		21.00
	82164		20.00
	82172		20.00
	82175		7.20
	82180		3.60
	82190		20.60
	82205		12.00
	82232		17.80
	82239		20.00
	82240		5.69
	82247		3.00
	82248		4.50
	82252		2.50
	82261		18.64
	82270		1.20
	82273		3.70
	82273	QW	3.70
	82274		3.70
	82274	QW	3.70
	82286		7.60
	82300		28.00
	82306		30.00
	82307		25.00

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	82308		34.00
A N	82310		3.00
	82330		14.70
	82331		5.72
	82340		3.60
	82355		9.00
	82360		12.00
	82365		9.00
	82370		9.00
	82373		7.95
A N	82374		3.30
	82375		6.00
	82376		3.00
	82378		22.40
	82379		18.64
	82380		6.00
	82382		12.00
	82383		12.00
	82384		18.00
	82387		24.00
	82390		6.00
	82397		19.50
	82415		15.00
A N	82435		3.00
	82436		3.00
	82438		3.00
	82441		8.00
A N	82465		3.00
	82465	FP	3.00
	82465	QW	3.00
	82480		4.50
	82482		10.00
	82485		28.00
	82486		4.40
N	82487		4.00
N	82488		15.00
N	82489		15.00
	82491		21.50
	82492		21.50
	82495		9.66
	82507		37.00

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	82520		17.00
	82523		15.00
	82523	QW	15.00
	82525		9.00
	82528		19.70
	82530		17.00
	82533		17.00
	82540		3.00
	82541		4.40
	82542		21.50
	82543		21.50
	82544		21.50
A N	82550		4.80
	82552		7.80
	82553		7.50
	82554		16.00
A N	82565		3.00
	82570		3.00
	82570	QW	3.00
	82575		4.50
	82585		6.30
	82595		1.50
	82600		25.00
	82607		15.00
	82608		15.00
	82615		11.00
	82626		29.60
	82627		29.00
	82633		38.52
	82634		25.72
	82638		15.20
	82646		25.30
	82649		31.00
	82651		33.00
	82652		47.87
	82654		13.60
	82656		12.30
	82657		21.50
	82658		21.50
	82664		13.60
	82666		22.00

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82668		17.50
82670		25.00
82671		41.00
82672		25.00
82677		28.00
82679		25.00
82679	QW	25.00
82690		21.50
82693		12.50
82696		22.00
82705		.60
82710		7.80
82715		7.80
82725		15.50
82726		21.50
N 82728		16.00
82731		71.20
82735		24.00
82742		21.73
82746		10.50
82747		18.00
82757		22.50
82759		11.50
82760		15.00
82775		3.74
82776		8.90
82784		11.30
82785		16.00
82787		11.09
82800		5.20
82803		16.50
82805		8.00
82810		10.00
82820		13.82
82926		6.00
82928		6.00
82938		22.00
82941		16.00
82943		19.00
82945		4.34
82946		13.00

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16

A	82947		4.34
	82947	FP	4.34
	82947	UD	4.34
	82947	52	2.00
	82947	QW	4.34
	82948		1.50
	82948	FP	1.50
	82948	QW	1.50
	82950		3.00
	82950	QW	3.00
	82951		5.00
	82951	QW	5.00
	82952		1.00
	82952	QW	1.00
	82953		10.00
	82955		6.00
	82960		7.00
	82962		2.60
	82963		26.50
	82965		6.30
	82975		19.80
A N	82977		4.80
	82978		12.00
	82979		9.00
	82980		20.00
	82985		6.60
	82985	QW	6.60
	83001		17.00
	83001	QW	17.00
	83002		17.00
	83002	QW	17.00
	83003		16.00
	83004		16.00
	83008		21.60
	83009		48.00
	83010		12.00
	83012		12.00
	83013		48.00
	83014		9.00
	83015		10.20
	83018		25.00

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17

	83020	6.00
	83021	21.50
	83026	2.00
	83030	10.00
	83033	7.00
	83036	6.60
	83036 QW	6.60
	83045	1.50
	83050	3.00
	83051	1.20
	83055	1.50
	83060	3.00
	83065	3.00
	83068	3.00
	83069	3.00
	83070	6.00
	83071	9.00
	83080	19.20
	83088	40.00
	83090	18.65
	83150	12.00
	83491	12.60
	83497	6.00
	83498	30.50
	83499	30.50
	83500	30.00
	83505	30.00
	83516	9.00
	83518	8.00
	83518 QW	8.00
	83519	15.00
	83520	14.31
	83525	12.00
	83527	16.11
	83528	20.00
A N	83540	4.50
A N	83550	7.20
	83570	6.00
	83582	6.00
	83586	7.50
	83593	6.00

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18

	83605		13.50
	83605	QW	13.50
A N	83615		4.20
	83625		9.00
	83630		12.30
	83632		16.00
	83633		6.30
	83634		14.00
N	83655		9.00
	83655	52	9.00
	83661		10.50
	83662		5.00
	83663		10.46
	83664		5.23
	83670		2.10
	83690		4.50
	83715		7.50
	83716		22.00
A N	83718		8.00
	83718	QW	8.00
	83719		15.50
	83721		10.00
	83727		17.00
A N	83735		4.50
	83775		5.90
	83785		12.99
	83788		4.40
	83789		4.40
	83805		23.00
	83825		8.40
	83835		10.20
	83840		4.50
	83857		12.00
	83858		19.80
	83864		13.00
	83866		12.00
	83872		3.20
	83873		20.00
	83874		12.00
	83880		37.80
	83883		15.00

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19

	83885		19.00
	83887		20.00
	83890		5.00
	83891		5.00
	83892		5.00
	83893		5.00
	83894		5.00
	83896		5.00
	83897		5.00
	83898		20.00
	83901		20.00
	83902		19.00
	83903		20.00
	83904		20.00
	83905		20.00
	83906		20.00
	83912		5.54
	83912	22	300.00
	83915		6.00
	83916		20.00
	83918		19.00
	83919		19.00
	83921		19.00
	83925		22.00
	83930		9.00
	83935		9.00
	83937		40.00
	83945		17.00
	83950		71.20
	83970		54.00
	83986		4.30
	83986	QW	4.30
	83992		18.00
	84022		20.00
	84030		6.00
	84035		4.90
	84060		3.60
	84061		3.60
	84066		12.60
A N	84075		3.60
	84078		3.60

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20

	84080		3.60
N	84081		20.00
	84085		7.90
	84087		13.50
A N	84100		3.00
	84105		3.00
	84106		1.80
	84110		7.50
	84119		3.00
	84120		7.50
	84126		34.50
	84127		15.00
A N	84132		3.90
	84133		3.90
	84134		20.00
	84135		12.00
	84138		12.00
	84140		27.50
	84143		30.00
	84144		20.00
	84146		20.00
	84150		30.00
	84152		24.50
	84153		24.50
	84154		24.50
A N	84155		1.80
	84156		1.80
	84157		1.80
	84160		1.80
	84163		16.80
	84165		6.00
	84166		19.00
	84181		20.00
	84181	26	15.00
	84182		23.50
N	84202		10.40
N	84203		3.00
	84206		19.00
	84207		32.00
	84210		12.80
	84220		13.00

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21

	84228		13.60
	84233		16.00
	84234		20.00
	84235		63.20
	84238		43.00
	84244		25.00
	84252		24.00
	84255		29.60
	84260		35.20
	84270		25.00
	84275		16.00
	84285		28.80
A N	84295		3.90
	84300		3.90
	84302		3.90
	84305		16.00
	84307		16.00
	84311		7.50
	84315		3.00
	84375		23.20
	84376		7.00
	84377		7.00
	84378		14.00
	84379		14.00
	84392		5.60
	84402		30.40
	84403		32.00
	84425		29.00
	84430		3.60
	84432		13.00
	84436		6.00
	84437		6.00
N	84439		10.00
	84442		12.00
	84443		23.00
	84445		27.80
	84446		16.80
	84449		24.00
A N	84450		3.00
	84450	QW	3.00
A N	84460		3.00

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22

	84460	QW	3.00
	84466		15.20
A N	84478		7.30
	84478		7.30
	84479		6.00
	84480		15.00
	84481		15.00
	84482		15.00
	84484		12.00
	84485		3.30
	84488		3.30
	84490		3.30
	84510		12.70
	84512		10.00
A N	84520		3.00
	84525		3.00
	84540		3.00
	84545		6.00
A N	84550		3.00
	84560		3.00
	84577		6.00
	84578		.40
	84580		2.10
	84583		2.10
	84585		12.00
	84586		48.00
	84588		45.00
	84590		6.00
	84591		12.82
	84597		18.00
	84600		18.00
N	84620		16.00
	84630		15.00
	84681		22.00
	84702		11.39
	84702	UD	11.39
	84703		3.00
	84703	UD	3.00
	84703	QW	3.00
	84830		3.00
	84999		B.R.

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23

	85002		1.20
	85004		7.20
N	85007		2.40
	85008		1.20
	85009		1.20
	85013		1.50
	85013	FP	1.50
N	85014		1.50
	85014	UD	1.50
	85014	QW	1.50
N	85018		1.20
	85018	QW	1.20
	85018	QW FP	2.00
N	85025		5.00
	85025	UD	5.00
N	85027		4.80
	85032		3.00
N	85041		1.20
N	85044		3.00
	85045		4.00
	85046		2.75
N	85048		1.20
	85049		5.00
	85055		38.00
	85060		8.00
	85097		24.00
	85097	26	24.00
	85130		B.R.
	85170		.60
	85175		3.90
	85210		3.00
	85220		24.00
	85230		24.00
	85240		24.00
	85244		28.00
	85245		10.00
	85246		10.00
	85247		10.00
	85250		26.00
	85260		24.00
	85270		24.00

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24

85280		26.00
85290		8.00
85291		7.00
85292		26.00
85293		26.00
85300		15.00
85301		14.00
85302		16.00
85303		18.00
85305		16.00
85306		18.00
85307		18.00
85335		10.00
85337		10.00
85345		1.80
85347		3.00
85348		1.20
85360		11.00
85362		3.00
85366		8.00
85370		5.00
85378		5.00
85379		5.00
85380		5.00
85384		9.60
85385		9.60
85390		7.00
85390	26	5.00
85396		18.00
85400		9.00
85410		9.00
85415		10.00
85420		9.00
85421		14.00
85441		5.00
85445		5.00
85460		9.40
85461		9.00
85475		10.00
85520		7.97
85525		16.00

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25

85530		16.00
85536		5.00
85540		8.90
85547		10.50
85549		25.00
85555		4.80
85557		4.80
85576		10.00
85576	26	5.00
85597		20.00
85610		3.00
85610	UD	3.00
85610	QW	3.00
85611		4.50
85612		13.00
85613		10.00
85635		8.40
85651		1.50
85652		1.50
85660		3.00
85670		6.60
85675		6.42
85705		7.90
85730		3.00
85730	UD	3.00
85732		3.00
85810		15.00
85999		B.R.
86000		.90
86001		4.00
86003		4.00
86005		4.16
86021		9.00
86022		9.00
86023		15.00
86038		7.80
86039		15.00
86060		3.60
86063		1.20
86064		41.68
86077		25.00

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26

86078		17.00
86079		17.00
86140		3.00
86141		14.30
86146		35.00
86147		35.00
86148	UD	22.00
86155		14.00
86156		3.00
86157		9.00
86160		9.00
86161		9.00
86162		15.60
86171		4.50
86185		7.90
86215		18.00
86225		13.00
86226		15.00
86235		24.00
86243		15.90
86255		7.80
86255	26	5.00
86256		12.50
86256	26	5.00
86277		16.00
86280		5.40
86294		12.00
86294	QW	12.00
86300		23.00
86301		23.00
86304		23.00
86308		3.00
86308	QW	3.00
86309		5.00
86310		4.50
86316		28.00
86317		8.00
86318		7.00
86318	QW	7.00
86320		10.50
86320	26	5.00

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27

86325		25.00	
86325	26	5.00	
86327		25.00	
86327	26	5.00	
86329		19.00	
86331		4.50	
86332		33.00	
86334		30.00	
86334	26	5.00	
86335		32.80	
86336		17.50	
86337		13.71	
86340		20.00	
86341		25.00	
86343		6.00	
86344		10.86	
86353		32.00	Each mitogen
86359		40.00	
86360		55.00	
86361		55.00	
86376		6.60	
86378		26.00	
86379		42.16	
86382		20.00	
86384		10.86	
86403		8.00	
86406		6.60	
86430		1.80	
86431		4.50	
86485		4.00	
86490		4.00	
86510		4.00	
86580		4.00	
86585		4.00	
86586		4.00	
86587		42.16	
86588	QW	6.00	
86590		8.00	
86592		1.50	
86592	FP	1.50	
86592	UD	1.50	

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28

86593		3.00
86602		10.00
86603		10.00
86606		10.00
86609		10.00
86611		11.20
86612		10.00
86615		10.00
86617		19.00
86618		23.00
86618	QW	23.00
86619		10.00
86622		8.00
86625		10.00
86628		10.00
86631		10.00
86632		15.00
86635		10.00
86638		12.50
86641		12.50
86644		12.00
86645		12.00
86648		18.00
86651		12.00
86652		12.00
86653		12.00
86654		12.00
86658		12.00
86663		12.00
86664		21.00
86665		25.00
86666		11.20
86668		12.00
86671		15.00
86674		20.00
86677		12.00
86682		12.00
86684		15.00
86687		11.60
86688		13.00
86689		21.20

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29

86692		20.00
86694		12.80
86695		12.80
86696		21.40
86698		15.00
86701		12.00
86701	UD	12.00
86701	FP	12.00
86701	QW	12.00
86702		13.00
86703		18.00
86704		15.00
86705		12.60
86706		12.00
86707		12.00
86708		12.00
86709		12.60
86710		12.00
86713		20.00
86717		16.00
86720		15.00
86723		15.00
86727		15.00
86729		12.00
86732		15.00
86735		15.00
86738		12.00
86741		12.00
86744		12.00
86747		12.00
86750		12.00
86753		12.00
86756		12.00
86757		21.40
86759		12.00
86762		12.00
86762	FP	12.00
86762	UD	12.00
86765		10.00
86768		12.00
86771		12.00

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30

86774		5.40
86777		12.00
86778		15.00
86781		12.00
86784		8.00
86787		12.60
86790		17.00
86793		8.00
86800		13.00
86803		19.00
86804		20.00
86805		20.00
86806		20.00
86807		54.00
86808		39.00
86812		12.60
86813		19.00
86816		19.00
86817		19.00
86821		68.00
86822		50.00
86849		B.R.
86850		4.20
86850	UD	4.20
86860		4.20
86870		9.00
86880		5.00
86885		6.80
86886		5.00
86890		75.00
86891		75.00
86900		2.00
86900	UD	2.00
86901		2.00
86901	UD	2.00
86903		11.70
86904		11.70
86905		3.00
86906		2.00
86910		12.60
86911		5.00

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31

	87046	3.00
	86920	12.00
	86921	12.00
	86922	12.00
	86940	9.50
	86941	12.50
	86945	8.00
	86950	32.00
	86965	25.00
	86970	15.00
	86971	15.00
	86972	15.00
	86975	25.00
	86976	25.00
	86977	25.00
	86978	35.00
	86985	25.00
	86999	B.R.
	87001	9.00
	87003	15.00
	87015	5.10
N	87040	9.00
N	87045	9.00
N	87070	9.00
	87071	6.00
	87073	6.00
	87075	9.00
	87076	6.00
	87077	9.00
	87077 QW	9.00
	87081	9.00
	87084	3.00
	87086	6.00
	87086 FP	6.00
	87088	2.70
	87101	8.00
	87102	8.00
	87103	8.00
	87106	8.00
	87107	11.42
	87109	14.00

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32

	87110		15.00
	87116		6.00
	87118		12.00
	87140		3.00
	87143		3.00
	87147		3.00
	87149		22.00
	87152		5.79
	87158		3.00
	87164		6.00
	87164	26	3.00
	87166		6.00
	87168		4.72
	87169		4.72
	87172		4.72
	87176		6.40
	87177		5.10
	87181		5.80
N	87184		9.00
N	87184	FP	9.00
	87184	UD	9.00
	87185		5.25
	87186		11.00
	87187		13.00
	87188		6.00
	87190		.60
	87197		15.00
	87205		4.20
	87206		4.20
	87207		3.00
	87210		2.40
	87210	QW	2.40
	87220		2.40
	87230		27.00
	87250		25.50
	87252		29.50
	87253		6.00
	87254		5.41
	87255		30.00
	87260		10.00
	87265		10.00

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33

87267		10.00
87269		10.00
87270		10.00
87270	FP	10.00
87272		10.00
87273		12.18
87274		12.80
87274	FP	12.80
87275		12.18
87276		12.00
87277		12.18
87278		15.00
87279		12.18
87280		12.00
87281		12.18
87283		12.18
87285		12.00
87290		12.60
87299		12.00
87300		6.00
87301		12.00
87320		12.50
87320	FP	12.50
87324		12.50
87327		12.18
87328		12.50
87329		12.00
87332		12.00
87335		12.00
87336		12.18
87337		12.18
87338		9.00
87339		12.18
87339	QW	12.18
87340		14.00
87340	UD	14.00
87341		11.42
87350		14.00
87380		20.00
87385		15.00
87390		15.00

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87391		15.00
87400		6.00
87420		12.00
87425		12.00
87427		12.18
87430		12.00
87449		12.00
87443	QW	12.00
87450		10.00
87451		10.60
87470		20.00
87471		30.00
87472		20.00
87475		25.00
87476		38.00
87477		20.00
87480		25.00
87481		38.00
87482		20.00
87485		25.00
87486		38.00
87487		20.00
87490		20.00
87490	FP	20.00
87491		38.00
87491	FP	38.00
87492		20.00
87495		25.00
87496		38.00
87497		20.00
87510		25.00
87511		38.00
87512		20.00
87515		25.00
87516		38.00
87517		20.00
87520		25.00
87521		38.00
87522		20.00
87525		25.00
87526		38.00

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87527		20.00
87528		25.00
87529		38.00
87530		20.00
87531		25.00
87532		38.00
87533		20.00
87534		25.00
87535		38.00
87536		117.00
87537		25.00
87538		38.00
87539		20.00
87540		25.00
87541		38.00
87542		20.00
87550		25.00
87551		38.00
87552		20.00
87555		25.00
87556		38.00
87557		20.00
87560		25.00
87561		38.00
87562		20.00
87580		25.00
87581		38.00
87582		20.00
87590		25.00
87590	FP	25.00
87591		38.00
87591	FP	38.00
87592		20.00
87620		25.00
87620	FP	25.00
87621		38.00
87621	FP	38.00
87622		20.00
87650		25.00
87651		38.00
87652		20.00

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	87660		25.00
	87797		25.00
	87798		38.00
	87799		20.00
	87800		25.00
	87801		38.00
	87802		12.17
	87803		12.17
	87804		12.17
	87804	QW	12.17
	87807		12.17
	87810		12.00
	87850		12.00
	87880		12.00
	87880	QW	12.00
	87899		12.00
	87899	QW	12.00
N	87901		350.00
N	87903		675.72
N +	87904		36.00
	87999		B.R.
	88104		12.00
	88104	26	7.00
	88104	TC	5.00
	88106		812.00
	88106	26	7.00
	88106	TC	5.00
	88107		12.00
	88107	26	7.00
	88107	TC	5.00
	88108		12.00
	88108	26	7.00
	88108	TC	5.00
	88112		18.00
	88125		7.00
	88125	26	6.00
	88125	TC	1.00
	88130		9.65	7.00
	88130	26	7.00
	88140		4.20	3.00
	88140	26	3.00

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88141		6.00
88141	FP	6.00
88142		18.00
88142	FP	18.00
88143		18.00
88143	FP	18.00
88147		13.48
88147	FP	13.48
88148		13.48
88148	FP	13.48
88150		6.00
88150	FP	6.00
88152		6.00
88152	FP	6.00
88153		6.00
88153	FP	6.00
88154		6.00
88154	FP	6.00

N	88155		6.00
	88160		7.00
	88160	26	5.00
	88160	TC	2.00
	88161		12.00
	88161	26	7.00
	88161	TC	5.00
	88162		59.00
	88162	26	43.00
	88162	TC	16.00
	88164		6.00
	88164	FP	6.00
	88165		6.00
	88165	FP	6.00
	88166		6.00
	88166	FP	6.00
	88167		6.00
	88167	FP	6.00
	88172		40.00
	88172	26	28.00
	88172	TC	12.00
	88173		25.00
	88173	26	20.00

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88173	TC	5.00
88174		23.50
88175		28.50
88182		64.11
88182	26	45.05
88182	TC	19.07
88184		26.60
88185		26.60
88187		12.00
88188		12.00
88189		12.00
88199		B.R.
88230		90.00
88233		90.00
88235		90.00
88237		90.00
88239		90.00
88240		7.75
88241		7.75
88245		184.00
88248		230.00
88249		230.00
88262		172.00
88263		184.00
88264		172.00
88267		230.00
88271		16.00
88273		35.00
88274		45.00
88275		55.00
88280		34.00
88283		46.00
88285		27.23
88289		40.00
88291		26.82
88299		B.R.
88300		9.35
88300	26	6.55
88300	TC	2.80
88300	UD	9.35
88300	UD 26	6.55

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88302		20.85
88302	26	10.80
88302	TC	10.05
88304		26.00
88304	26	16.67
88304	TC	9.33
88304	UD	26.00
88304	UD 26	16.67
88305		40.00
88305	FP	40.00
88305	26	30.00
88305	TC	10.00
88307		59.00
88307	26	44.00
88307	TC	15.00
88309		89.00
88309	26	66.00
88309	TC	23.00
88311		6.00
88311	26	4.00
88311	TC	2.00
88312		13.00
88312	26	9.00
88312	TC	4.00
88313		10.00
88313	26	6.00
88313	TC	4.00
88314		12.00
88318		8.00
88319		8.00
88319	26	5.00
88319	TC	3.00
88321		28.00
88323		33.00
88323	26	19.00
88323	TC	14.00
88325		44.00
88329		33.00
88331		48.00
88331	26	41.00
88331	TC	7.00

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	88332		15.00
	88332	26	10.00
	88332	TC	5.00
	88342		9.00
	88342	26	7.00
	88342	TC	2.00
	88346		40.00
	88346	26	30.00
	88346	TC	10.00
	88347		45.00
	88347	26	35.00
	88347	TC	10.00
N	88348		141.81
	88348	26	98.22
	88348	TC	46.59
N	88349		88.70
	88349	26	56.06
	88349	TC	32.63
	88355		126.00
	88355	26	94.50
	88355	TC	31.50
	88356		126.00
	88356	26	94.50
	88356	TC	31.50
	88358		94.50
	88358	26	63.00
	88358	TC	31.50
	88360		94.00
	88362		126.00
	88362	26	94.50
	88362	TC	31.50
	88365		47.25
	88365	26	31.50
	88365	TC	15.75
	88367		47.25
	88368		47.25
	88371		30.00
	88371	26	15.00
	88372		31.00
	88372	26	15.00
	88399		B.R.

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88400	3.00
89050	.90
89051	.90
89055	4.76
89060	8.50
89100	20.00
89105	6.00
89125	.60
89130	6.00
89132	6.00
89135	6.00
89136	6.00
89140	12.00
89141	12.00
89160	2.10
89190	2.20
89205	1.20
89220	8.00
89225	4.50
89230	9.00
89310	4.80
89320	9.00
89321	9.00
89325	13.00
93000	B.R.
93012	11.00
93040	10.00
93041	6.00
95070	18.00
95071	18.00
95075	18.00
95165	4.50

10:61-3.3 HCPCS procedure codes, procedure description and maximum fee allowance schedule for Level 2

IND	HCPCS Code	MOD	Procedure Description	Maximum Fee Allowance $
	G0015		Telephonic or telemetric transmis-	11.00

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		sion	
G0027		Semen analysis	2.40
G0141		Screening cytopathology smears, cervical or vaginal, performed by automated system, with manual rescreening, requiring interpretation by physician	10.00
G0306		Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count) and automated WBC differential count	5.00
G0307		Complete CBC, automated (HGB, HCT, RBC, WBC, without platelet count)	4.80
G0328		Immunoassay infectious agent, qualitative, fecal	7.00
G0328	QW	Immunoassay infectious agent, qualitative, fecal	7.00
P3000		Screening papanicolaou smear, cervical or vaginal, up to three smears; by technician under physician supervision	6.00
P3001		Screening papanicolaou smear, cervical or vaginal, requiring interpretation by a physician	6.00
P9031		Platelets, leukocytes reduced, each unit	8.00
P9032		Platelets, irradiated, each unit	8.00
P9033		Platelets, leukocytes reduced, irradiated, each unit	16.00
P9034		Platelets, pheresis, each unit	25.00
P9035		Platelets, pheresis, leukocytes reduced, each unit	16.00
P9036		Platelets, pheresis, irradiated, each unit	8.00
P9037		Platelets, pheresis, leukocytes reduced, irradiated, each unit	8.00
P9038		Red blood cells, irradiated, each unit	8.00

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	P9039		Red blood cells, deglycerolized, each unit	8.00
	P9040		Red blood cells, leukocytes re-duced, irradiated, each unit	8.00
	P9041		Infusion, albumin (human), 5%, 50 ml	10.00
	P9043		Infusion plasma protein fraction (human), 5%, 50 ml	10.00
	P9044		Plasma, cryoprecipitate reduced, each unit	20.00
	P9046		Infusion, albumin (human), 25%, 20ml	10.00
	P9612		Catheterization for collection of specimen; single patient, all places of service	1.80
	Q0111	FP	Wet mounts, including prepara-tions of vaginal, cervical or skin specimens	2.40
	Q0112		All potassium hydroxide (KOH) preparations	2.40
	Q0113		Pinworm examination	5.10
	Q0114		Fern test	9.60
	Q0115		Post-coital direct, qualitative ex-aminations of vaginal or cervical mucous	12.33

10:61-3.4 HCPCS procedure codes, procedure description and maximum fee allow-ance schedule for Level 3

IND	HCPCS Code	MOD	Procedure Description	Maximum Fee Allowance $
N	W8900		Visits to homebound beneficiaries, residential health care facility, group home, or boarding home for purpose of obtaining blood by ve-nous or arterial puncture	10.00
	Z2010		Unrinalysis for drug addiction	4.50

10:61-3.5 Pathology and Laboratory HCPCS Codes--Qualifiers
(a) Qualifiers for pathology and laboratory services are summarized below:

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1. Codes 80048, 80050, 80051, 80053, 80055, 80061, 80069, 80074, 80076. The panels listed must include the laboratory tests assigned by the CPT as the components of the panel. The tests listed with each of the panels identify the defined components of that panel. If any three laboratory tests included in the panel are billed a la carte, the tests must be billed as the panel. The laboratory provider may not charge Medicaid/NJ FamilyCare more than the lowest charge level offered to another provider. The lowest charges for the laboratory test comprising the panel must aggregate as equivalent to or greater than the listed panel fee.

2. Codes 82487, 82488, and 82489--Chromatography--must list substance (compound) tested for in block 34 (REMARKS) of the claim form.

3. Code 84081--Phosphatidylglycerol--test done on newborn or amniotic fluid to determine fetal lung maturity.

4. Code 84202--Protoporphyrin, RBC; quantitative--Utilize only for testing of anemia. Utilize code 84203--Protoporphyrin, RBC; screen when testing for anemia. Code 84203 will not be reimbursed when billed in conjunction with code 83655--Blood lead determination (quantitative).

5. Code 84620--Xylose absorption tests, blood and/or urine (D-xylose tolerance test), includes serum and urine levels, up to five hourly specimens.

6. Codes 85025 and 85027Hematology

   i. For purpose of reimbursement based on this schedule, a complete blood count (CBC) includes a hematocrit, hemoglobin determination, RBC count, RBC indices, WBC count and differential WBC count.

   ii. Hematology codes 85014, 85018, 85041 and 85048 will not be reimbursed in conjunction with codes for blood count with hemogram (85025 and 85027).

   iii. The code for manual differential WBC count (85007) will not be reimbursed in conjunction with codes 85025 and 85027.

   iv. Codes for platelet count 85049 will not be reimbursed in conjunction with codes 85027 and 85027.

7. Codes 87040, 87045, 87046, 87070, 87184--Cultures

Note: These codes may only be billed when a pathogenic microorganism is reported. A culture that indicates no growth or normal flora must be billed as a presumptive culture, 87081.

8. Code 88155--Pap smear

Note: Obtaining specimen is not a separate eligible service.

9. Codes 88348 and 88349--Electron microscopy; diagnostic and scanning are not reimbursable when used as a research tool.

Note: For reimbursement purposes, Medicaid will pay for the above diagnostic scanning procedure when it pertains to x-ray microanalysis for identification of asbestos particles and heavy metals, that is, gold, mercury, etc. and also when examining tissue specimens in occasional cases of malabsorption.

10. Code W8900--This code may be used only once per trip regardless of the num-

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ber of beneficiaries seen and requires a distance in excess of 20 miles per round trip.

11. Codes 87901, 87903, 87904 and 87999—These codes for Antiretroviral Resistance Testing (ART) shall be limited to three tests per 12-month period.

    i. Genotype testing has one code: 87901. Code 87999 is a temporary procedure code for virtual phenotype that must be ordered in conjunction with 87901. The temporary HCPCS code for 87999 is 0023T.

    ii. Phenotype testing has two codes. The primary code, 87903, covers the first 10 drugs that are tested. The second code, 87904, shall be used for each additional drug, up to five drugs. The CPT manual specifies that code 87904 must be used in conjunction with 87903. In addition, each drug tested shall be listed separately in conjunction with billing for 87904.

END OF SUBCHAPTER 3

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APPENDIX A

Fiscal Agent Billing Supplement

AGENCY NOTE: The Fiscal Agent Billing Supplement is appended as a part of this chapter but is not reproduced in the New Jersey Administrative Code. When revisions are made to the Fiscal Agent Billing Supplement, replacement pages will be distributed to providers, and copies will be filed with the Office of Administrative Law. For a copy of the Fiscal Agent Billing Supplement, access www.njmmis.com or write to:

Unisys
PO Box 4801
Trenton, New Jersey 08650-4801

    or contact:

Office of Administrative Law
Quakerbridge Plaza, Building 9
PO Box 049
Trenton, New Jersey 08625-0049

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